



# CONTRIBUTION FORM



## The NACA-BCTD LABOR MANAGEMENT COOPERATION TRUST FUND

(For NCA holders, as provided in the National Construction Agreement (NCA))

### EMPLOYER INFORMATION

Date \_\_\_\_\_ Person Completing This Form: \_\_\_\_\_  
(Name, Title)

NCA Holder Employer: \_\_\_\_\_  
(Name)

Project Address: \_\_\_\_\_  
(Street) (PO Box) (City, State, Zip)

\_\_\_\_\_  
(Phone) (Fax) (E-Mail)

### PROJECT INFORMATION

Project Name: \_\_\_\_\_ NCA#: \_\_\_\_\_

City, State: \_\_\_\_\_

### CONTRIBUTION INFORMATION

Total estimated craft hours (both direct and subcontract) for Project:

- 500,000 or less, the contribution amount is \$12,500.00;
- 500,001 to 1,000,000, the contribution amount is \$25,000.00;
- 1,000,001 to 2,000,000, the contribution amount is \$40,000.00;
- 2,000,001 to 4,000,000, the contribution amount is \$75,000.00;
- 4,000,001 or more, the contribution amount is \$125,000.00.

Total Estimated Hours (both direct and subcontract) = \_\_\_\_\_

Total Contribution to be paid as follows (choose one):

- Full payment due 60 days from commencement of work, with a "true up" based on actual hours due 60 days after the project is commissioned or on the 3rd anniversary after commencement of work, whichever date comes first.

OR

- Initial payment equal to 1/2 of the contribution amount, due 60 days from commencement of work. Then remainder will be due in equal payments, due annually on the anniversary date of the initial payment until project completion or the 3rd anniversary of the commencement of work, whichever comes first. Each annual payment must include a "true up" based on actual hours.

Amount enclosed with this form: \_\_\_\_\_

Make check payable to:

NACA-BCTD Labor Management Cooperation Trust Fund  
EIN 52-6989157

Mail a copy of this form along with your check to:

NACA-BCTD Labor Management Cooperation Trust Fund  
815 16th Street, NW, Suite 600  
Washington, DC 20006





# CONTRIBUTION FORM



## The NACA-BCTD LABOR MANAGEMENT COOPERATION TRUST FUND

(For Subcontractors, as provided for in the National Construction Agreement (NCA))

### EMPLOYER INFORMATION

Date \_\_\_\_\_ Person Completing This Form: \_\_\_\_\_  
*(Name, Title)*

Employer: \_\_\_\_\_  
*(Name)*

Project Address: \_\_\_\_\_  
*(Street)* *(PO Box)* *(City, State, Zip)*

\_\_\_\_\_  
*(Phone)* *(Fax)* *(E-Mail)*

### PROJECT INFORMATION

Project Name: \_\_\_\_\_ NCA#: \_\_\_\_\_

City, State: \_\_\_\_\_ NCA Holder: \_\_\_\_\_

### CONTRIBUTION INFORMATION

Subcontractor's total estimated craft hours on project:

10,000 hours or less, the one-time contribution amount is \$500.00;

10,001 hours to 25,000 hours, the one-time contribution amount is \$1,000.00;

25,001 hours or more, the one-time contribution amount is \$2,000.00.

Subcontractor's total estimated craft hours: \_\_\_\_\_

Amount enclosed with this form: \_\_\_\_\_

**Contributions shall be due no later than sixty (60) days from the commencement of work.**

Make check payable to:

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